

STATE OF IDAHO
OUTFITTERS AND GUIDES LICENSING BOARD
 1365 North Orchard – Room 172 – Boise, Idaho 83706
 Telephone (208) 327-7380 Fax (208) 327-7382 Enforcement (208) 327-7167
 licensing@oglb.idaho.gov – www.oglb.idaho.gov

FINANCIAL STATEMENT

PLEASE TYPE OR PRINT ALL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY #
<hr/>				
ADDRESS	NUMBER AND STREET		CITY, STATE, ZIP CODE	
<hr/>				
HOME PHONE	BUSINESS PHONE		AGES OF DEPENDANT CHILDREN	
<hr/>				
EMPLOYER OR SELF-EMPLOYED		NUMBER OF YEARS		POSITION OR OCCUPATION
<hr/>				
MARITAL STATUS	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (Single, Widowed, Divorced)	
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<i>If you reside in Washington, Idaho, California or another community property state, please complete the following blocks concerning your spouse.</i>				
SPOUSE'S NAME		SPOUSE'S EMPLOYER		SALARY OR WAGES
<hr/>				
SPOUSE'S SOCIAL SECURITY NUMBER		SOURCE OF OTHER INCOME		AMOUNT OF OTHER INCOME
<hr/>				
Last filing IRS return? 20 _____		Have you made your will? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever taken bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Income taxes paid \$ _____		Has your spouse made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No		Judgments, suits or litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>ASSETS (Omit Cents)</p> <p>Cash on hand and in banks – Schedule J: \$ _____.</p> <p>Accounts receivable – Schedule A: \$ _____.</p> <p>Notes receivable – Schedule B: \$ _____.</p> <p>Listed stocks and bonds – Schedule D: \$ _____.</p> <p>TOTAL CURRENT ASSETS: \$ _____.</p>	<p>LIABILITIES (Omit Cents)</p> <p>OPEN ACCOUNTS PAYABLE – Schedule G: \$ _____.</p> <p>Notes payable: \$ _____.</p> <p>Notes payable others – Schedule H: \$ _____.</p> <p>Accrued expenses: \$ _____.</p> <p>Federal income tax payable: \$ _____.</p> <p>Due relatives and related concerns; describe: \$ _____.</p> <p>TOTAL CURRENT LIABILITIES: \$ _____.</p>
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<p>Real estate – Schedule F: \$ _____.</p> <p>Automobiles and trucks: \$ _____.</p> <p>Equipment: \$ _____.</p> <p>Contracts and Mortgages Receivable – Schedule C: \$ _____.</p> <p>Unlisted stocks and bonds – Schedule E: \$ _____.</p> <p>Retirement accounts – Schedule J \$ _____.</p> <p>Due from relatives & related concerns; describe: _____.</p> <p>Household goods: \$ _____.</p> <p>Other assets; describe: _____ \$ _____.</p> <p>Cash surrender value of life insurance \$ _____.</p> <p>TOTAL ASSETS: \$ _____.</p>	<p>Real Estate Mortgage – Schedule F: \$ _____.</p> <p>Contracts – Schedule E: \$ _____.</p> <p>Installment obligations – Schedule I: \$ _____.</p> <p>Other liabilities; describe: \$ _____.</p> <p>Amount borrowed on life insurance \$ _____.</p> <p>TOTAL LIABILITIES: \$ _____.</p> <p>NET WORTH: \$ _____.</p> <p>TOTAL LIABILITIES AND NET WORTH: \$ _____.</p>
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Are any of the above assets pledged to secure indebtedness other than liabilities listed?	Contingent Liabilities (as guarantor, endorser, or co-maker)
Describe_____	1. \$_____
_____	2. \$_____
_____	3. \$_____

COMPLETE EACH SCHEDULE BY WRITING "NONE" IN THOSE THAT DO NOT APPLY

Schedule A: ACCOUNTS RECEIVABLE

Name	Amt (Mon/Yr)	Due Date
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL \$		

Schedule B: NOTES RECEIVABLE

Name	Amt (Mon/Yr)	Due Date
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL		\$

Schedule C: CONTRACTS AND MORTGAGES RECEIVABLE

Name of Debtor	Security and to Whom	Receivable Balance	Mo. Pymt.	Owing on Property Balance	Mo. Pymt.
		\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____
	TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Schedule D: LISTED STOCKS AND BONDS

Name of Company	Registered Name	Number of Shares	Market Per Share	Total Mkt. Value
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
		TOTAL	\$ _____	\$ _____

Schedule E: UNLISTED STOCKS AND BONDS

Name of Company	Registered Name	Number of Shares	Market Per Share	Total Mkt. Value
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
		TOTAL	\$ _____	\$ _____

Unless otherwise noted, title stands in name of:

(Indicate S-Sold; OS-Pending Sale; R-Rental being held for income)

Schedule H: NOTES PAYABLE TO OTHERS

Payable to	Amt (Mon/Yr)	Due Date
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

Payable to	Collateral	Balance	Final Due Date	Mon. Pmt.
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL		\$		\$

FIRM	BRANCH/OFFICE NAME	ACCT. NO	Checking/Savings/Retirement, etc	
			TYPE	AMOUNT
				\$
				\$
				\$
				\$
				\$

The undersigned hereby declares and represents that he/she has read the foregoing Application, and that all statements made therein are complete and true to his/her knowledge. The Applicant authorizes the Outfitters & Guides Licensing Board to verify the information contained herein and to make such additional normal inquiries, as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this application.

Signature of Applicant